

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) AUTO0034	RECEIVED CENTRAL FAX CENTER NOV 16 2004
<p>I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number indicated by the Examiner, namely, fax number (703) 872-8306 to the attention of the named Examiner, on November 18, 2004.</p> <p>Signature: <u>[Signature]</u></p> <p>Typed or printed name: <u>JOHN C. CAREY</u></p>		<p>In re Application of <u>WADSWORTH, JOHN</u></p> <p>Application Number: <u>09426,143</u> Filed: <u>OCTOBER 22, 1999</u></p> <p>For SPECIFYING OPERATIONS TO BE APPLIED TO THE ATTRIBUTES OF A SET OF OBJECTS</p> <p>Art Unit: <u>2572</u> Examiner: <u>HARRISON, CHANTE E.</u></p>	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.205)(1) <u>\$ 340.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ _____</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2039 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-0792/AUTO0034</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</p> <p>I am the:</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>61,632</u>.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>_____</u></p> <p><u>[Signature]</u> JOHN C. CAREY Typed or printed name</p> <p><u>650-330-2310</u> Telephone number</p> <p><u>NOVEMBER 16, 2004</u> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>			